CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

PRIME / QIP Manager MONTHLY FORUM

Monday, Nov 23, 2020, 12-1PM

Recording Link

Presenters: David Lown dlown@caph.org, Dana Pong dpong@caph.org
Recordings of the webinar and slide deck posted on SNI Link/QIP/Webinars

Housekeeping

Please mute locally. Lines are also muted on entry.

Please don't use a speakerphone in order to prevent an audio feedback loop, an echo.

At any time, feel free to chat your question & we will read out

Webinar will be recorded and saved on SNI Link: PRIME Webinars and QIP Webinars

QIP PY3.5

PY3.5 Program Updates

- **CMS approval still pending**: COVID-Modified preprint submitted to CMS 10/15
- **High Performance Pool**
  - See 9/28 webinar for metrics and mechanics. See 10/19 webinar for FAQ
- **Exclusion of Dual Eligibles**
  - See 11/5 Office Hour for FAQ
- **2.1.6 Postpartum Metric:**
  - DHCS decided to use HEDIS 2020 Medicaid benchmark instead of DY15MY entity data. Notification forthcoming.
- **Narratives still required:**
  - But DHCS is considering allowing entities to write "No updates" and pasting in DY15MY narratives if truly no updates between 12/31/20 (end of DYMY) and 2/29/20 (end of PY3.5).
  - DHCS will still expect explanation for huge changes in performances

QIP PY4

Program Updates

PY4 Program Updates

- **DHCS Proposed Priority Subset (20)**
  - Not yet finalized but no change from 9/28 webinar. DHCS continues to hold to DPHs required to report all 20.
- **DHCS Proposed Non-Core Set (33-37)**
  - Not yet finalized. DHCS considering adding the following:
    - BIRADS to Biopsy
    - CAD: ACE/ARB - Diabetes or LVSD; CAD: Beta-Blocker -Prior MI or LVSD
    - Receipt of Appropriate Follow-up for Abnormal CRC Screening
    - Heart Failure (HF): ACE/ARB/ARNI) Therapy for LVSD; HF: Beta-Blocker for LVSD
  - Only changes from 9/28 webinar are:
    - Removal of Reconciled Med List Received by Discharged Patients
- **Reclaiming – not yet approved**
  - High Performance Pool for Priority Set: No change from 9/28 webinar
  - Over-performance in other metrics (~PRIME Method 1)

Dual Eligibles Included Starting PY4

DHCS has removed the duals exclusion starting in PY4!!!!

- Except in cases where a specific metric excludes duals (unknown if these exists)

V. MEASURE EXCLUSIONS

A. Duals

1. Medi-Cal beneficiaries that also have Medicare Parts A and B coverage for at least one month during the QIP program year, should be excluded prior to determining a measure's QIP eligible population:
2. Medi-Cal beneficiaries that have only Medicare Part A coverage, should be excluded from measure denominators when Medi-Cal is not the primary payer for measure specific denominator eligible services.
3. Medi-Cal beneficiaries that have only Medicare Part B coverage, should be excluded from measure denominators when Medi-Cal is not the primary payer for measure specific denominator eligible services.

Entity Data for Benchmarking Survey Timeline

Nov 20	Commitment Survey & Entity data document released
Jan 8 2021	Commitment Survey completion due
Jan 15-22	DHCS releases list of "Entity data benchmark metrics"
End of Jan	Reporting Manual release
Apr 30	Entity data due to DHCS (performance period = 10/1/19-9/30/20)
May 31	DHCS Data quality check & release of "Entity data" preliminary PY4 Benchmarks
June 15	Entity re-report to DHCS (performance period = 1/1/20-12/31/20)
July 15	DHCS Data quality check & release of "Entity data" Final PY4 Benchmarks

Updated Matrix

ve Measure		QIP PY4-8 Specific Measure Info							In-person & T	
Measure Name	PRIME or QIP ID	Specification Source	PY3.5 Target Population (for referen	PY4-8 Target Population	Continuous Assignment to QIP Entity	Event Criteria	Numerator	Denominator	Numerator: In-Person Service Require	De tor Per Ser Re
Adolescent Well-Care Visits	2.4.1	HEDIS	Foster Kid	MCMC Assigned Lives	MY	See Child	See Child	See Child	See Child	Se
Advance Care Plan	2.7.1	QPP #47	PRIME Elig	Medi-Cal beneficiary as of the	N/A	≥1 QIP Enti	Patients w	All patien	NR	NR
Appropriate Treatment for Upper Res	NA	HEDIS	NA	MCMC Assigned Lives	30 days pr	Any outpa	Dispensec	≥3 mos olc	NR	NR
Asthma Medication Ratio: Ages 5–64	Q-PC4	HEDIS	MCMC Ass	MCMC Assigned Lives	MY & year	≥1 followi	Denomina	Individual	NR	NR
Avoidance of Antibiotic Treatment fo	3.1.1	HEDIS	PRIME Elig	MCMC Assigned Lives	30 days pr	Intake Peri	Dispensec	All patien	NR	NR
BIRADS to Biopsy	1.6.1	Refer to PI	PRIME Elig	MCMC Assigned Lives	From date	Mammogr	Number of	Total num	R	R
BMI Screening and Follow-up Plan	1.7.1	CMS69v9	PRIME Elig	Medi-Cal Managed Care Benef	MY & year	Medical vi	Patients w	All patien	R	R
Receipt of Appropriate Follow-up for	1.6.5	Refer to PI	PRIME Elig	MCMC Assigned Lives	6 months	Positive FI	Number of	Total num	R	NR
Reduction in Hospital Acquired C Dif	3.1.5	CDC NHSN	Payer Agnc	Payer Agnostic	N/A	≥1 hospita	Total num	Total num	R	R
Screening for Depression and Follow	1.1.5.f,1.2.1	CMS Adult	PRIME Elig	Medi-Cal Managed Care Benef	N/A	≥1 QIP Entity	CMS Core:	All individ	NR	R
Statin Therapy For The Prevention An	NA	CMS347v4	NA	MCMC Assigned Lives	MY	$Encounte	Patients w	All patient	NR	NR
Surgical Site Infection (SSI)	Q-IP1	QIP Specif	Payer Agnc	Payer Agnostic	N/A	≥1 Surgical	A composi	Patients a	R	R
Timeliness of Prenatal Care	2.1.6	HEDIS	PRIME Elig	MCMC Assigned Lives	MCMC Ass	43 days pr	Rate #1 - T	Women in	R	R
Tobacco Assessment and Counseling	1.1.6.t,1.2.1	CMS138v9	PRIME Elig	Medi-Cal beneficiary as of the	N/A	≥2 visits o	QIP PY4 to	QIP PY4 to	NR	R
Treatment Preferences (Inpatient)	2.7.3	UNC	PRIME Elig	Payer Agnostic	N/A	Inpatient	Patient sta	Patients 1	NR	R
Unhealthy Alcohol Use Screening and	NA	HEDIS	NA	MCMC Assigned Lives	MY	None	Numerator	≥18 yo at the	NR	NR
Use of Imaging Studies for Low Back	3.2.3	HEDIS	PRIME Elig	MCMC Assigned Lives	180 days (	Index Epis	Patients w	Patients 1	R	NR

Recommended Preparations

1. Buy HEDIS MY2020/2021
2. Review “QIP PY4 Metrics Needing Entity Data” document and prepare response to poll
3. Prioritize building and developing QI initiatives for the 20 Priority metrics
4. Continue efforts to get everyone vaccinated against Influenza and catching up on Peds vaccines

QIP PY4

Notes on Specific Metrics

HEDIS ECDS Metrics: DRR & ASF

- **Unhealthy Alcohol Screening and Follow-Up (ASF)**
- **Depression Remission or Response for Adolescents & Adults (DRR)**
- **Digital Specifications**
  - There are no longer "Traditional Specifications" for these metrics, only Digital. HEDIS MY2020/MY2021 Volume 2 (section K. ECDS) doesn't contain all the codes & logic needed to calculate the measures.
  - All codes, including "Direct Reference Codes" (LOINC) are included in the recently updated "M. HEDIS MY 2020 Volume 2 Value Set Directory 2020-11-13" and in the future these Direct Reference Codes will be included in the human readable specifications (i.e., Volume 2)
  - It's unknown if NCQA will allow the digital specs to be included in the PY Reporting Manual. To review the ASF spec for the Entity Data commitment survey & to see updates to DRR, consider purchasing one of the NCQA HEDIS MY 2020 & MY 2021 Digital Measure Bundles

DRR: Age Strata & Benchmarks

- **Depression Remission or Response for Adolescents & Adults (DRR)**
  - Two age strata for each of 3 rates (no total):
    - ≥18 yo: P4P
    - 12-17: Report regardless of denominator size; informational only (not P4R)
  - Minnesota Medicaid Benchmarks
    - MY2019 90th pending

Adults; ≥18 (292 clinics, 27384 patients)			
	Remission	**Response**	**Follow-up**
Mean	7.84%	15.12%	43.68%
25th percentile	**3.75%**	**9.09%**	**36.69%**
Median	6.67%	14.00%	47.29%
75th percentile	11.05%	19.94%	58.63%
Maximum	26.32%	43.75%	81.32%

Adolescents; age 12 to 17 (11 clinics, 3173 patients)			
	Remission	**Response**	**Follow-up**
25th percentile	5.41%	14.29%	46.00%
75th percentile	14.29%	21.85%	62.91%
Maximum	19.44%	30.56%	80.56%

Influenza Immunization

PRIME DY15

- (CMS147v9) "…live attenuated influenza vaccine **(LAIV) should not be used** due to low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013-14 and 2015-16 seasons, the measure specifications have been updated and no longer include LAIV or intranasal flu vaccine as an option for numerator eligibility."

QIP PY4

- (CMS147v10) "…all eligible professionals or eligible clinicians to **review the guidelines for each flu season** to determine appropriateness of the LAIV…. **Should the LAIV be recommended for administration for a particular flu season,… options: 1) satisfy the numerator by reporting either previous receipt or using the CVX 88 for unspecified formulation, 2) report a denominator exception, either as a patient reason (e.g., for patient preference) or a system reason (e.g., the institution only carries LAIV)."**
- CDC ACIP guidance for the 2020-2021 Flu season: "recommends… **any licensed, influenza vaccine** that is appropriate for the recipient's age and health status, **including** IIV, RIV, or **live attenuated nasal spray influenza vaccine (LAIV4)** with no preference expressed for any one vaccine over another.

NHSN Antimicrobial Use

PRIME DY15

- Modification from native spec: limited to anti-MRSA drugs, carbapenems, and anti-pseudomonal B-lactams
- Benchmark: determined by DHCS

QIP PY4

- Will Revert to native spec
- Benchmark Options
  - NSHN Percentiles – TBD
  - Entity Data

Please respond in chat to all:

If your system isn't planning on reporting this for PY4 in June 2022…

Would you still consider submitting data for benchmarking purposes, assuming you report to NHSN, so that other entities have the option of using this measure?

Plan All Cause Readmission

PRIME DY15

- 2019 CMS Core Set/HEDIS: no risk adjustment

QIP PY4

- HEDIS MY 2020/MY2021 specs: Report risk adjusted performance

Metrics w/ Additional Denominator Criteria

Metric	Denominator in Native Spec	Additional Denominator Criteria
Colorectal Cancer Screening	50-75 yo with a visit during the measurement period	MCMC Beneficiaries with 12 months of continuous assignment to the QIP Entity during the program year OR Individuals enrolled in Medi-Cal (Managed Care of Fee for Service) on the date of a primary care denominator encounter
Screening for Depression & Follow-Up Plan	≥12 yo on date of encounter	
BMI Screening & Follow-up Plan	≥18 on the date of the encounter with at least one eligible encounter during the measurement period	
HIV Viral Load Suppression	≥18 with both a diagnosis of HIV and at least one medical visit in the measurement year	MCMC Beneficiaries with 12 months of continuous assignment to the QIP Entity during the program year OR Individuals enrolled in Medi-Cal (Managed Care of Fee for Service) on the date of a Primary care or HIV specialty care denominator encounter

WRAP UP

Dec 7: QIP Leads Webinar

Zoom Poll: Select the top 4 topics you'd like to discuss with other systems:

- Integrating Data from multiple EHRs/sources
- Prescription data from Medi-Cal RX and plan data requirements/reporting for PY4
- Prioritization of QI/report building amidst COVID
- Well Child visits - first 15 mos, 3-6 yrs, adolescent well-care, weight assessment ...
- Immunization – Influenza; Childhood and adolescents
- Screenings – cervical, colorectal, breast, chlamydia
- Screening – tobacco use and depression
- Diabetes – control, eye exam

Please respond in chat to all:

Any topic that you want to discuss in a breakout session that is not listed above.

Telehealth Series

UPCOMING NOV 30 1-2PM

❖ **Best/Next Practices in Pediatric Well-Care and Provision of Immunizations**

Pediatric leaders from Riverside and LA, as well as webinar attendees will share their approaches to maximizing pediatric well-care and immunizations during the pandemic and how those efforts have reshaped their provision of this care writ-large. Register here.

PAST RECORDINGS here

❖ **Patient Portal Engagement during COVID** Dr. Jim Meyers will share strategies to improve portal adoption and engagement, including how to leverage COVID-19 to increase buy-in.

❖ **Understanding & Addressing Digital Disparities** Leaders from Contra Costa Health Services' Digital Disparities Workgroup will discuss early efforts to understand and address disparities in telehealth.

❖ **Getting It Right: Matching Patient Preference/Access, Provider Location, & Visit Modality**

Alameda and Riverside will share approaches to adapt provider scheduling templates in response to COVID-19; strategies to match patient preferences, providers' location at home and in-person, and multiple visit modalities, including in-person, telephone, and video.

CARING FOR COMMUNITIES in CRISES *and beyond*

MORE INFO HERE

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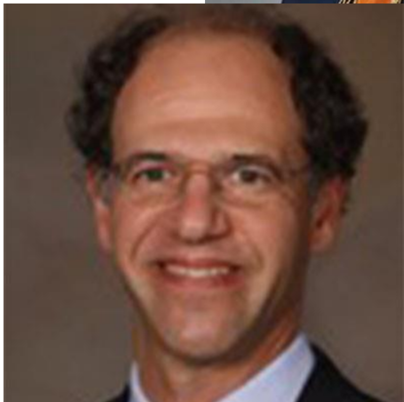

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Questions?